



STATE OF ILLINOIS  
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## PO DELETION REQUEST

AGENCY NUMBER \_\_\_\_\_

OBLIGATION NUMBER (as it appears on SUSF): \_\_\_\_\_

REASON FOR DELETION \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

REQUESTER'S PHONE NUMBER: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

(COMPTROLLER USE ONLY)

DELETED BY: \_\_\_\_\_

DATE OF DELETION: \_\_\_\_\_